DOCUMENT RESUME

ED 326 495 SP 032 722

TITLE AIDS. Acquired Immune Deficiency Syndrome Curriculum Planning Guidelines: Elementary, Junior High, High School.

INSTITUTION Montana State Dept. of Public Instruction, Helena.

SPONS AGENCY Center for Chronic Disease Prevention and Health Promotion (DHHS/CDC), Atlanta, GA. Adolescent and School Health Div.

PUB DATE 89

NOTE 61p.

PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC03 Plus Postage.

DESCRIPTORS *Acquired Immune Deficiency Syndrome; *Curriculum Development; Educational Resources; Elementary Secondary Education; *Health Education; *Instructional Materials; Program Development; *Resource Materials; State Curriculum Guides

IDENTIFIERS *Montana

ABSTRACT

The support materials in this guide provide background and content materials for school personnel and others to modify and use in their education programming on Acquired Immune Deficiency Syndrome (AIDS) for K-12 students. The following support materials are included: (1) the U.S. Surgeon General's report on AIDS; (2) digest and reference guide to the Montana Department of Health and Environmental Sciences recommendations for preventing the transmission of Human T-Cell Lymphotrophic Virus-Type III in the school setting; (3) criteria for evaluating an AIDS curriculum; (4) regional AIDS education facilitators; (5) Montana Department of Health and Environmental Sciences Human Immunodeficiency Virus (HIV) counseling and testing site program; (6) Montana AIDS/HIV program; (7) Montana AIDS service groups; (8) local and state organizations providing information on AIDS; and (9) educational references and resources on AIDS: an annotated bibliography. (JD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

MONTANA

AIDS

Acquired Immune Deficiency Syndrome
Curriculum Planning Guidelines

Elementary

High School

Junior High

SP

Contents of the Guide

Page

Foreword
Acknowledgements
Overview 1

Suggested Instructional Guidelines 3
Key Issues in Program Planning 3
Major Health Education Content Areas and Curriculum Matrix 4
Summary 4

How To Use the Support Materials 5

Support Material I
Surgeon General's Report on Acquired Immune Deficiency Syndrome 6

Support Material 2
Digest and Reference Guide to Montana Department of Health and Environmental Sciences Recommendations for Preventing the Transmission of Human T-Cell Lymphotrophic Virus-Type III in the School Setting 22

Support Material 3
Criteria for Evaluating an AIDS Curriculum 26

Support Material 4
Regional AIDS Education Facilitators 31

Support Material 5
Montana Department of Health and Environmental Sciences HIV Counseling and Testing Site Program 33

Support Material 6
Montana AIDS/HIV Program 34

Support Material 7
Montana AIDS Service Groups 35

Support Material 8
Local and State Organizations Providing Information on AIDS 36

Support Material 9
Educational References and Resources on AIDS: An Annotated Bibliography 38

Foreword

In January of 1988 the Centers for Disease Control published a supplement to its "Morbidity and Mortality Weekly Report" titled: "Guidelines to Effective School Health Education to Prevent the Spread of AIDS."

This document represents current thinking in the planning and implementation of school-based programs of AIDS education. It is presented here as a resource for schools to use in preparing programs designed to prevent the spread of AIDS.

Funded through a cooperative agreement with:
Centers for Disease Control
Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health
Atlanta, GA 30333

Guidelines for Effective School Health Education To Prevent the Spread of AIDS

Introduction

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Because the virus is transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV (*1-5*).

The guidelines below have been developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses. The guidelines incorporate principles for AIDS education that were developed by the President's Domestic Policy Council and approved by the President in 1987 (see Appendix I).

The guidelines provide information that should be considered by persons who are responsible for planning and implementing appropriate and effective strategies to teach young people about how to avoid HIV infection. These guidelines should not be construed as rules, but rather as a source of guidance. Although they specifically were developed to help **school personnel**, personnel from other organizations should consider these guidelines in planning and carrying out effective education about AIDS for youth who do **not** attend school and who may be at high risk of becoming infected. As they deliberate about the need for and content of AIDS education, educators, parents, and other concerned members of the community should consider the prevalence of behavior that increases the risk of HIV infection among young people in their communities. Information about the nature of the AIDS epidemic, and the extent to which young people engage in behavior that increases the risk of HIV infection, is presented in Appendix II.

Information contained in this document was developed by CDC in consultation with individuals appointed to represent the following organizations:

American Academy of Pediatrics
American Association of School Administrators
American Public Health Association
American School Health Association
Association for the Advancement of Health Education
Association of State and Territorial Health Officers
Council of Chief State School Officers
National Congress of Parents and Teachers
National Council of Churches

National Education Association
National School Boards Association
Society of State Directors of Health, Physical Education, Recreation and Dance
U.S. Department of Education
U.S. Food and Drug Administration
U.S. Office of Disease Prevention and Health Promotion

Consultants included a director of health education for a state department of education, a director of curriculum and instruction for a local education department, a health education teacher, a director of school health programs for a local school district, a director of a state health department, a deputy director of a local health department, and an expert in child and adolescent development.

Planning and Implementing Effective School Health Education about AIDS

The Nation's public and private schools have the capacity and responsibility to help assure that young people understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during their adolescence and young adulthood. The specific scope and content of AIDS education in schools should be locally determined and should be consistent with parental and community values.

Because AIDS is a fatal disease and because educating young people about becoming infected through sexual contact can be controversial, school systems should obtain broad community participation to ensure that school health education policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values.

The development of school district policies on AIDS education can be an important first step in developing an AIDS education program. In each community, representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations, and other relevant organizations can be involved in developing policies for school health education to prevent the spread of AIDS. The process of policy development can enable these representatives to resolve various perspectives and opinions, to establish a commitment for implementing and maintaining AIDS education programs, and to establish standards for AIDS education program activities and materials. Many communities already have school health councils that include representatives from the aforementioned groups. Such councils facilitate the development of a broad base of community expertise and input, and they enhance the coordination of various activities within the comprehensive school health program (*6*).

AIDS education programs should be developed to address the needs and the developmental levels of students and of school-age youth who do not attend school, and to address specific needs of minorities, persons for whom English is not the primary language, and persons with visual or hearing impairments or other learning disabilities. Plans for addressing students' questions or concerns about AIDS at the early elementary grades, as well as for providing effective school health education about AIDS at each grade from late elementary/middle school through junior

high/senior high school, including educational materials to be used, should be reviewed by representatives of the school board, appropriate school administrators, teachers, and parents before being implemented.

Education about AIDS may be most appropriate and effective when carried out within a more comprehensive school health education program that establishes a foundation for understanding the relationships between personal behavior and health (*7-9*). For example, education about AIDS may be more effective when students at appropriate ages are more knowledgeable about sexually transmitted diseases, drug abuse, and community health. It may also have greater impact when they have opportunities to develop such qualities as decision-making and communication skills, resistance to persuasion, and a sense of self-efficacy and self-esteem. However, education about AIDS should be provided as rapidly as possible, even if it is taught initially as a separate subject.

State departments of education and health should work together to help local departments of education and health throughout the state collaboratively accomplish effective school health education about AIDS. Although all schools in a state should provide effective education about AIDS, priority should be given to areas with the highest reported incidence of AIDS cases.

Preparation of Education Personnel

A team of representatives including the local school board, parent-teachers associations, school administrators, school physicians, school nurses, teachers, educational support personnel, school counselors, and other relevant school personnel should receive general training about a) the nature of the AIDS epidemic and means of controlling its spread, b) the role of the school in providing education to prevent transmission of HIV, c) methods and materials to accomplish effective programs of school health education about AIDS, and d) school policies for students and staff who may be infected. In addition, a team of school personnel responsible for teaching about AIDS should receive more specific training about AIDS education. All school personnel, especially those who teach about AIDS, periodically should receive continuing education about AIDS to assure that they have the most current information about means of controlling the epidemic, including up-to-date information about the most effective health education interventions available. State and local departments of education and health, as well as colleges of education, should assure that such in-service training is made available to all schools in the state as soon as possible and that continuing in-service and pre-service training is subsequently provided. The local school board should assure that release time is provided to enable school personnel to receive such in-service training.

Programs Taught by Qualified Teachers

In the elementary grades, students generally have one regular classroom teacher. In these grades, education about AIDS should be provided by the regular classroom teacher because that person ideally should be trained and experienced in child development, age-appropriate teaching methods, child health, and elementary health education methods and materials. In addition, the elementary teacher usually is sensitive to normal variations in child development and aptitudes within a class. In the secondary grades, students generally have a different teacher for each subject. In

these grades, the secondary school health education teacher preferably should provide education about AIDS, because a qualified health education teacher will have training and experience in adolescent development, age-appropriate teaching methods, adolescent health, and secondary school health education methods and materials (including methods and materials for teaching about such topics as human sexuality, communicable diseases, and drug abuse). In secondary schools that do not have a qualified health education teacher, faculty with similar training and good rapport with students should be trained specifically to provide effective AIDS education.

Purpose of Effective Education about AIDS

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who **have not** engaged in sexual intercourse and who **have not** used illicit drugs to continue to—

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Refrain from using or injecting illicit drugs.

For young people who **have** engaged in sexual intercourse or who **have** injected illicit drugs, school programs should enable and encourage them to—

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- To stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known;
- Using a latex condom with spermicide if they engage in sexual intercourse;
- Seeking treatment if addicted to illicit drugs;
- Not sharing needles or other injection equipment;
- Seeking HIV counseling and testing if HIV infection is suspected.

State and local education and health agencies should work together to assess the prevalence of these types of risk behavior, and their determinants, over time.

Content

Although information about the biology of the AIDS virus, the signs and symptoms of AIDS, and the social and economic costs of the epidemic might be of interest, such information is not the essential knowledge that students must acquire in order to prevent becoming infected with HIV. Similarly, a single film, lecture, or school assembly about AIDS will not be sufficient to assure that students develop the complex understanding and skills they will need to avoid becoming infected.

Schools should assure that students receive at least the essential information about AIDS, as summarized in sequence in the following pages, for each of three grade-level ranges. The exact grades at which students receive this essential information should be determined locally, in accord with community and parental values, and thus may vary from community to community. Because essential information for students at higher grades requires an understanding of information essential for students at lower grades, secondary school personnel will need to assure that students understand basic concepts before teaching more advanced information. Schools simultaneously should assure that students have opportunitites to learn about emotional and social factors that influence types of behavior associated with HIV transmission.

Early Elementary School

Education about AIDS for students in early elementary grades principally should be designed to allay excessive fears of the epidemic and of becoming infected.

AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.

AIDS is very hard to get. You cannot get it just by being near or touching someone who has it.

Scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.

Late Elementary/Middle School

Education about AIDS for students in late elementary/middle school grades should be designed with consideration for the following information.

Viruses are living organisms too small to be seen by the unaided eye.

Viruses can be transmitted from an infected person to an uninfected person through various means.

Some viruses cause disease among people.

Persons who are infected with some viruses that cause disease may not have any signs or symptoms of disease.

AIDS (an abbreviation for acquired immunodeficiency syndrome) is caused by a virus that weakens the ability of infected individuals to fight off disease.

People who have AIDS often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, and certain other diseases that healthy people normally do not get.

About 1 to 1.5 million of the total population of approximately 240 million Americans currently are infected with the AIDS virus and consequently are capable of infecting others.

People who are infected with the AIDS virus live in every state in the United States and in most other countries of the world. Infected people live in cities as well as in suburbs, small towns, and rural areas. Although most infected people are adults, teenagers can also become infected. Females as well as males are infected. People of every race are infected, including whites, blacks, Hispanics, Native Americans, and Asian/Pacific Islanders.

The AIDS virus can be transmitted by sexual contact with an infected person; by using needles and other injection equipment that an infected person has used; and from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

It sometimes takes several years after becoming infected with the AIDS virus before symptoms of the disease appear. Thus, people who are infected with the virus can infect other people—even though the people who transmit the infection do not feel or look sick.

Most infected people who develop symptoms of AIDS only live about 2 years after their symptoms are diagnosed.

The AIDS virus cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.

Junior High/Senior High School

Education about AIDS for students in junior high/senior high school grades should be developed and presented taking into consideration the following information.

The virus that causes AIDS, and other health problems, is called human immunodeficiency virus, or HIV.

The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual activities and by not using illegal intravenous drugs.

Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.

HIV may be transmitted in any of the following ways: a) by sexual contact with an infected person (penis/vagina, penis/rectum, mouth/vagina, mouth/penis, mouth/rectum); b) by using needles or other injection equipment that an infected person has used; c) from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

The following are at increased risk of having the virus that causes AIDS and consequently of being infectious: a) persons with clinical or laboratory evidence of

infection; b) males who have had sexual intercourse with other males; c) persons who have injected illegal drugs; d) persons who have had numerous sexual partners, including male or female prostitutes; e) persons who received blood clotting products before 1985; f) sex partners of infected persons or persons at increased risk; and g) infants born to infected mothers.

The risk of becoming infected is increased by having a sexual partner who is at increased risk of having contracted the AIDS virus (as identified previously), practicing sexual behavior that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood), and using unsterile needles or paraphernalia to inject drugs.

Although no transmission from deep, open-mouth (i.e., "French") kissing has been documented, such kissing theoretically could transmit HIV from an infected to an uninfected person through direct exposure of mucous membranes to infected blood or saliva.

In the past, medical use of blood, such as transfusing blood and treating hemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the risk of becoming infected with HIV from blood transfusions and from blood clotting products is virtually eliminated. Cases of HIV infection caused by these medical uses of blood will continue to be diagnosed, however, among people who were infected by these means before 1985.

Persons who continue to engage in sexual intercourse with persons who are at increased risk or whose infection status is unknown should use a latex condom (not natural membrane) to reduce the likelihood of becoming infected. The latex condom must be applied properly and used from start to finish for every sexual act. Although a latex condom does not provide 100% protection—because it is possible for the condom to leak, break, or slip off—it provides the best protection for people who do not maintain a mutually monogamous relationship with an uninfected partner. Additional protection may be obtained by using spermicides that seem active against HIV and other sexually transmitted organisms in conjunction with condoms.

Behavior that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause Chlamydia *infection, gonorrhea, herpes, human papillomavirus, and syphilis.*

Persons who believe they may be infected with the AIDS virus should take precautions not to infect others and to seek counseling and antibody testing to determine whether they are infected. If persons ***are not*** *infected, counseling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection. If persons* ***are*** *infected, they should: a) take precautions to protect sexual partners from becoming infected; b) advise previous and current sexual or drug-use partners to receive counseling and testing; c) take precautions against becoming pregnant; and d) seek medical care*

and counseling about other medical problems that may result from a weakened immunologic system.

More detailed information about AIDS, including information about how to obtain counseling and testing for HIV, can be obtained by telephoning the AIDS National Hotline (toll free) at 800-342-2437; the Sexually Transmitted Diseases National Hotline (toll free) at 800-227-8922; or the appropriate state or local health department (the telephone number of which can be obtained by calling the local information operator).

Curriculum Time and Resources

Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available. In addition, it is crucial that sufficient classroom time be provided at **each** grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

Program Assessment

The criteria recommended in the foregoing "Guidelines for Effective School Health Education To Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below. Personnel in state departments of education and health also can use these criteria to monitor the extent to which schools in the state are providing effective health education about AIDS.

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?
2. To what extent is the program included as an important part of a more comprehensive school health education program?
3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?
7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS?

8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

References

1. US Public Health Service. Coolfont report: a PHS plan for prevention and control of AIDS and the AIDS virus. Public Health Rep 1986;101:341.
2. Institute of Medicine. National Academy of Sciences. Confronting AIDS: directions for public health, health care, and research. Washington, DC: National Academy Press, 1986.
3. US Department of Health and Human Services, Public Health Service. Surgeon General's report on acquired immune deficiency syndrome. Washington, DC: US Department of Health and Human Services, 1986.
4. US Public Health Service. AIDS: information/education plan to prevent and control AIDS in the United States, March 1987. Washington, DC: US Department of Health and Human Services, 1987.
5. US Department of Education. AIDS and the education of our children, a guide for parents and teachers, Washington, DC: US Department of Education, 1987.
6. Kolbe LJ, Iverson DC. Integrating school and community efforts to promote health: strategies, policies, and methods. Int J Health Educ 1983;2:40-47.
7. Noak M. Recommendations for school health education. Denver: Education Commission of the States, 1982.
8. Comprehensive school health education as defined by the national professional school health education organizations. J Sch Health 1984;54:312-315.
9. Allensworth D, Kolbe L (eds). The comprehensive school health program: exploring an expanded concept. J Sch Health 1987;57:402-76.

Acknowledgments

We extend our appreciation to the State of Wisconsin for permission to use and revise **Instruction About Acquired Immune Deficiency Syndrome in Wisconsin Schools** from which this guide was developed and to the states of New York, Georgia and Delaware for their contributions and help.

Our thanks also go to the Office of Public Instruction's AIDS Education Curriculum Committee for its work on this manual.

AIDS Education Curriculum Committee

Kathleen Williams
School Nurse
Clancy, MT

Rick Chiotti
Program Manager
AIDS Program
Department of Health & Environmental Sciences
Helena, MT

Jeri Domme
President
Montana Association for Health, Physical Education, Recreation & Dance
Helena, MT

John Emmert
Health Educator
Helena, MT

Bob Gibson
Principal
East Helena, MT

Marty Kloker
Teacher
Eastgate School
East Helena, MT

Robert W. Moon
President
Montana Public Health Association
Helena, MT

Bob Parsley
Indian Education Specialist
Office of Public Instruction
Helena, MT

Laurie Volesky
AIDS Education Specialist
Office of Public Instruction
Helena, MT

Marsha McFarland
Health Educator/Disease Intervention Specialist
MDHES AIDS Program
Department of Health & Environmental Sciences
Helena, MT

Spencer Sartorius
Health and Physical Education Supervisor
Office of Public Instruction
Helena, MT

Overview

In the fall of 1986 U.S. Surgeon General C. Everett Koop issued a report to the nation about Acquired Immune Deficiency Syndrome or AIDS. This document has become the public health directive for the nation related to this disease. According to Dr. Koop, "Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards." It is in response to this directive and many requests from school districts across the state that this document has been prepared and made available to all educational and health agencies in Montana.

AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating . . . .

AIDS is a worldwide epidemic that has caused illness, disability, and death for thousands of people accompanied by a lack of understanding and great fear of the disease. According to the U. S. Surgeon General's report on Acquired Immune Deficiency Syndrome, "AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. . . . However, AIDS is preventable. It can be controlled by changes in personal behavior."

AIDS is caused by a virus called human immunodeficiency virus or HIV. People do not "catch" AIDS. They become infected with the AIDS virus. The AIDS virus is passed from person to person.

Individuals who have been infected with the AIDS virus may not have any disease symptoms. However, they can pass the virus to others. People who become ill with AIDS have been infected with the AIDS virus for a period of months or possibly as long as ten years.

Only specific circumstances and behaviors put persons at risk of becoming infected with the AIDS virus. These circumstances are

Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus.

- engaging in sexual activity with a man or woman who is infected with the AIDS virus;
- transferring blood from a person infected with the AIDS virus to another person, such as occurs when needles used to inject drugs are shared; and
- transmitting the AIDS virus from an infected mother to her baby.

An estimated 50 to 75 persons are infected with the AIDS virus for every person who is diagnosed as having AIDS. Many individuals infected with the AIDS virus do not realize they are infected or are infectious.

There is no cure or vaccine for AIDS at this time. The only way to stop AIDS is through information and education which, if offered consistently and over time, can assist individuals in developing positive health behaviors associated with disease prevention. Successful implementation *now* of

community and school education programs can save many lives in the years ahead.

The Montana Office of Public Instruction (OPI) believes that all school health professionals, in collaboration with public health officials, have a responsibility to be informed and to inform parents, pupils, and other school staff members about how the AIDS virus is spread and how to prevent people from spreading or acquiring the virus. School boards should ensure that instruction about AIDS is available to the entire school population.

In a recent policy statement, the national Council of Chief State School Officers concluded, "Education is virtually the only means to combat the spread of the AIDS virus. Schools must take leadership in educating our young people about AIDS and how to make appropriate behavior choices to decrease the risk for contracting and spreading the AIDS virus."

The Surgeon General's Report is considered the most important, concise statement of what everyone should know about the AIDS virus. The information is accurate and current. Instruction about communicable disease control related to AIDS must be carefully planned according to the developmental stage, current base of knowledge, and past experiences of any one particular group of students. It is with these issues in mind that the Surgeon General's Report is included in this document. The OPI *Health Education Curriculum Planning Guide*, in turn, provides a comprehensive framework for school districts to follow in developing instruction about AIDS within K-12 health education programs.

Key Issues in Program Planning

The following issues need to be addressed when providing instruction concerning AIDS in the elementary and secondary schools:

- All school staff must be informed about the AIDS virus as it relates to their educational role and function in the school setting.
- Instruction about AIDS should be taught within the context of existing kindergarten through grade 12 health instruction units.
- K-12 instruction must be appropriate to students' chronological and developmental stages, their current base of knowledge, and their past experiences and must be addressed in language that they can clearly understand.
- Instruction about AIDS should be presented over several class periods and in classroom-size groups in order to give students multiple, personalized learning opportunities.
- Teaching methods need to include ongoing instruction about new information and developments surrounding this topic, since information about AIDS and issues arising from public debate change so rapidly.
- School instruction needs to supplement and complement community standards established for the prevention and control of AIDS.
- The content of instructional materials should be evaluated and constantly monitored to assure that data on the AIDS virus infection are current and in an appropriate instructional format.

All learners, including school health professionals, share some common educational needs as they relate to AIDS. School administrators, school board members, health teachers, classroom teachers, school nurses, social workers, counselors, psychologists—in fact, all school staff—are people first. The issues surrounding AIDS must be dealt with on a personal level before consideration is given to teaching students about this threat to personal and public health.

The decision about whether AIDS instruction will be included in a school's health education curriculum is a matter for the local school board

to determine. The following course of action is recommended in the U.S. Surgeon General's Report and is supported by the Office of Public Instruction.

- Education aimed at preventing diseases such as AIDS must start early in elementary school.
- Adolescents and preadolescents are the students whose behavior needs to be influenced in a positive way because of their vulnerability at a time when they are exploring their own sexuality and, perhaps, experimenting with controlled substances.
- Informed parents need to instill in their children their own moral and ethical standards related to the spread of AIDS.

Instruction about AIDS should be integrated into appropriate health instruction units rather than as a separate K-12 AIDS education curriculum.

Major Health Education Content Areas

Instruction about AIDS should be integrated into appropriate health instruction units rather than as a separate K-12 AIDS education curriculum. Five of the ten major health education content areas defined in the *Health Education Curriculum Planning Guide* form a logical basis for K-12 health instruction concerning AIDS: prevention and control of disease, family life education, mental and emotional health, personal health, and substance use and abuse. The *Health Education Curriculum Planning Guide* includes specific student objectives within these content areas which provide the basic prevention competencies needed to deal with the issues surrounding AIDS.

The Curriculum Progression Matrix/K-12 Instruction About Aids is a guide to integrating AIDS instruction into existing K-12 health education units.

Summary

Parents, educators, and community leaders, indeed all adults, cannot disregard the responsibility to educate our young (about AIDS). The need is critical, and the price of neglect is high.

The Office of Public Instruction believes that instruction about AIDS should be integrated within the context of a comprehensive K-12 health instruction program. Because health instruction is frequently provided locally on a multidisciplinary basis, elementary school teachers, health teachers, science teachers, social studies teachers, home economics teachers, nurses, counselors, and other appropriate school staff may be involved in providing instruction aimed at promoting positive health lifestyles. In addition, a team approach to addressing the specific problem of AIDS, in cooperation with health professionals, public health officials, parents, and educators, will promote a community-wide effort toward confronting this epidemic.

As stated by Surgeon General Koop, ". . . [P]arents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility."

Curriculum Progression Matrix/K-12 Instruction About AIDS

This matrix has been adapted from the Montana *Health Education Curriculum Planning Guide*. It offers a framework for integrating instruction about AIDS into existing K-12 health instruction. The student outcomes listed are paraphrased from the guide and are not all inclusive. They do offer an example of the scope and sequence of the knowledges, attitudes, and skills needed by students to develop positive health behaviors critical to preventing the AIDS virus infection.

A special addendum with specific objectives on AIDS is provided. For grades K-3, the primary goal is to allay children's fears about AIDS.

The annotated list of resources at the end of this document and the support materials were carefully selected to provide the instructional materials and additional background information needed to accomplish these student outcomes. All outcomes should be prefaced with the phrase "The student will . . ."

Major Content Area

Grade Level	Prevention and Control of Disease	Family Life Education	Substance Use and Abuse	Personal Health	Mental and Emotional Health	Special Addendum on the AIDS Virus Infection
K	- suggest behaviors associated with feeling well and ill - know the value of good personal hygiene habits	-respect similarities and differences in human beings -understand that one has the right to accept or reject affection	- describe the different ways people take medicines - explain reasons for consulting a responsible adult before using medicines or chemical substances	- begin assuming responsibility for personal grooming and cleanliness habits	- value themselves as worthwhile and show concern for others - identify persons to go to for help when ill, hurt, concerned, or frightened	- feel comfortable asking questions about AIDS
1	- discuss the relationship between germs and disease - suggest ways to prevent illness - recognize public health efforts aimed at prevention and control of disease	-realize that one should say no and tell a trusted someone about approaches and offers of gifts from people	- describe good risks and bad risks - explain risks involved in using unknown substances	- demonstrate knowledge of activities that help promote personal cleanliness and reduce transmission of disease	- differentiate between acceptable and unacceptable behavior - describe positive qualities in themselves and others	
2	- demonstrate behaviors which help prevent disease - explain how communicable diseases spread	-recognize that human beings grow and develop inside their mothers -realize that abuse occurs in many different ways	- describe the appropriate rules for taking medicines	- discover that decision making is involved in choosing and assessing personal health practices - identify, locate, and describe the major organs in the human body	- know that behavior has consequences	
3	- identify habits that may increase risk of disease	-illustrate ways significant others influence attitudes and behavior	- predict the effects of drug use on physical, emotional, and social well-being	- describe the general structure and function of body systems - accept individual differences	- describe how a person's behavior can be helpful or harmful	
4	- describe the relationship between personal behavior and health or illness - recognize that diseases can be prevented by the use of positive health practices	-use accurate terminology for the structure and function of the reproductive system -identify the changes that occur as one approaches puberty -define different types of personal abuse and know where to get personal help	- describe the behavioral effects of drug use - give reasons why people do and do not misuse and abuse drugs	- develop plans for rewarding self for positive health behaviors	- recognize the impact emotions have on decision making - explain the relationship between health habits and self-esteem	- describe the action of the AIDS virus - demonstrate ability to discuss media messages about AIDS - express one's fears about AIDS and seek corrections of misinformation - describe how fear affects people's actions toward one another
5	- develop a personal plan for avoiding disease and enhancing health - describe personal and social factors that motivate healthy behavior	-explain the structure and function of the human reproductive system -explain physical, emotional, and social changes that occur as one approaches puberty	- demonstrate helpful strategies for dealing with social pressures to use drugs - appreciate the positive influences of peers and adults	- identify characteristics of puberty and the effects of these changes on physical, emotional, and social development - recognize the effects of personal health practices on well-being	- explain the impact of peer influences on behavior - demonstrate interpersonal behaviors that can help people feel comfortable with one another - assess one's own attitudes about risk taking	- explain that the surest way to prevent AIDS is to avoid the known risk behaviors associated with the spread of the disease
6	- evaluate health practices and describe the consequences of positive and negative health behaviors - describe the four major killers of Americans today - explain the relationship between the human immune system and the disease process	-analyze the impact of peer pressure on an individual and a group -explain basic steps involved in making a rational decision -identify personal strategies to use in unsafe situations	- develop a personal plan to positively confront social pressures related to drug use	- describe the basic structure and function of a cell	- demonstrate the use of decision-making strategies which take into account alternatives, consequences, and optional solutions	- understand that the AIDS virus destroys the human immune system - identify that high-risk behaviors associated with the spread of AIDS are intimate sexual contact with infected persons and reusing dirty syringes and needles
7-8-9	- determine the factors that place one at risk for diseases and/or enhance one's health - identify sources, symptoms, and treatments of sexually transmitted diseases	-demonstrate an understanding of changes occurring at puberty -understand a pregnant mother's ability to affect healthy embryonic and fetal development -accept and value human sexuality as normal and essential for total well-being -know that the need for love and affection influences behavior -identify factors that influence these sexual attitudes -recognize the value and necessity of communicating about sexuality with parents or significant others -identify the responsibilities and consequences inherent in sexual relationships -develop decision-making skills which demonstrate the practice of positive health behaviors	By the end of 9th grade, students will: - demonstrate stress management techniques that are alternatives to substance abuse - identify the possible consequences of the use of alcohol and other drugs - explain why each individual is responsible for one's own decision to use or not to use alcohol and other drugs	- analyze fad behavior as a force affecting health decisions	- demonstrate the ability to set realistic goals - discuss setting individual standards of behavior based on positive emotional health values	- recognize that most persons infected with AIDS don't know they are infected - recognize that many persons infected with AIDS remain apparently well but are still infectious to others - explain that a pregnant woman who is infected with the AIDS virus can pass the infection to her unborn child - determine the accuracy of information about AIDS
10-11-12	- identify agencies that treat communicable diseases or chronic disorders and describe referral procedures - design a plan aimed at disease prevention and health promotion	-understand the factors that promote healthy embryonic and fetal development -understand what sexual assault is and how to prevent it	By the end of 12th grade students will: - appreciate the right to "say no" to the use of alcohol and other drugs - recognize that decisions regarding drug use have social implications	- demonstrate the impact significant people have on the health lifestyles of others - recognize social forces and norms that exert positive and negative influences on health practices	- demonstrate effective communication skills - formulate a personal plan to maintain one's own mental health	- identify where an individual who wants to know more about AIDS can obtain confidential information and/or blood tests

How To Use the Support Materials

The support materials provided in this guide are intended to provide background and content materials for health professionals to use and modify to fit their programming. The chart below is an easy-access guide to these support materials.

Where do I go	Turn to
• to obtain basic information about AIDS transmission, the risk of AIDS infection, and prevention of AIDS?	• pp. 6; Support Material 1—Surgeon General's Report on Acquired Immune Deficiency Syndrome
• to obtain basic information on a policy for school attendance by a student infected with the AIDS virus?	• pp. 22; Support Material 2—Digest and Reference Guide to Montana Department of Health and Environmental Sciences Recommendations for Preventing the Transmission of HTLV-III in the School Setting
• to obtain guidance for evaluating an AIDS curriculum?	• pp. 26; Support Material 3—Criteria for Evaluating an AIDS Curriculum
• to obtain help on integrating AIDS instruction within age- and grade-appropriate health instruction units?	• pp. 31; Support Material 4—Regional AIDS Education Facilitators; pp. 38; Support Material 9—Educational References and Resources on AIDS: An Annotated Bibliography
• to identify those places that confidentially test, counsel, and refer persons of any age who want to know if they are infected with the AIDS virus?	• pp. 33; Support Material 5—Montana Department of Health and Environmental Sciences HIV Counseling and Testing Site Program
• to obtain valid, current information about AIDS and other communicable diseases?	• pp. 34; Support Material 6—Montana AIDS/HIV Program; Support Material 7—Montana AIDS Service Groups; and Support Material 8—Local and State Organizations Providing Information on AIDS

Support Material 1

Surgeon General's Report on Acquired Immune Deficiency Syndrome

Reprinted from the Surgeon General's Report on Acquired Immune Deficiency Syndrome *published by the U.S. Department of Health and Human Services. This report is in the public domain, and reprinting and distribution are encouraged.*

This is a report from the Surgeon General of the U.S. Public Health Service to the people of the United States on AIDS. Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans – fear of disease and fear of the unknown. Initial reporting of AIDS occurred in the United States, but AIDS and the spread of the AIDS virus is an international problem. This report focuses on prevention that could be applied in all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection, and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life.

In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely.

This report was written personally by me to provide the necessary understanding of AIDS.

The vast majority of Americans are against illicit drugs. As a health officer, I am opposed to the use of illicit drugs. As a practicing physician for more than 40 years, I have seen the devastation that follows the use of illicit drugs – addiction, poor health, family disruption, emotional disturbances, and death. I applaud the President's initiative to rid this nation of the curse of illicit drug use and addiction. The success of his initiative is critical to the health of the American people and will also help reduce the number of persons exposed to the AIDS virus.

Some Americans have difficulties in dealing with the subjects of sex, sexual practices, and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution. This report must deal with all of these issues but does so with the intent that information and education can change individual behavior, since this is the primary way to stop the epidemic of AIDS. This report deals with the positive and negative consequences of activities and behaviors from a health and medical point of view.

Adolescents and preadolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

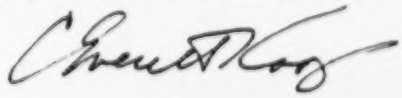
AIDS is *not* spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis). Yet there is great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, nonsexual contact. The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, nonsexual contact.

Today, those practicing high-risk behavior who become infected with the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future.

At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred, with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between $8 and $16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures. This report will tell you how.

The spread of AIDS can and must be stopped.



AIDS Caused by Virus

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for "shooting" drugs. Scientists have named the AIDS virus "HIV or HTLV-III or LAV[1]." These abbreviations stand for information denoting a virus that attacks white blood cells (T-Lymphocytes) in

---

[1]These are different names given to the AIDS virus by the scientific community: HIV – human immunodeficiency virus; HTLV – human T-Lymphotropic virus Type III; and LAV – lymphodenopathy-associated virus.

the human blood. Throughout this publication, we will call the virus the "AIDS virus." The AIDS virus attacks a person's immune system and damages his/her ability to fight other disease. Without a functioning immune system to ward off other germs, he/she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies which may cause life-threatening illness, such as pneumonia, meningitis, and cancer.

No Known Cure

There is presently no cure for AIDS. There is presently no vaccine to prevent AIDS.

Virus Invades Blood Stream

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells (T-Lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

Once an individual is infected, there are several possibilities. Some people may remain well, but even so, they are able to infect others. Others may develop a disease that is less serious than AIDS, referred to as AIDS-Related Complex (ARC). In some people, the protective immune system may be destroyed by the virus, and then other germs (bacteria, protozoa, fungi and other viruses) and cancers that ordinarily would never get a foothold cause "opportunistic diseases" – using the *opportunity* of lowered resistance to infect and destroy. Some of the most common are *pneumocystis carinii* pneumonia and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi's sarcoma. These infected people have classic AIDS. Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain.

No Signs

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high risk behaviors should not donate his/her blood, organs, tissues, or sperm because they may now contain the AIDS virus.

ARC

AIDS-Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients' symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases, and a physician should be consulted.

AIDS

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body's immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic diseases would not otherwise gain a foothold in the body. These opportunistic diseases may eventually cause death.

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and *may be the symptoms of pneumocystis carinii* pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

Long Term

The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop, and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis, or mental disorder. These symptoms may occur alone or with other symptoms mentioned earlier.

AIDS: the present situation

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years. The number of persons known to have AIDS in the United States to date is over 25,000; of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease.

The majority of infected antibody-positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever.

No Risk from Casual Contact

There is no known risk of nonsexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of AIDS virus by everyday contact, even though these family members shared food, towels, cups, razors, even toothbrushes, and kissed each other.

Health Workers

We know even more about health care workers exposed to AIDS patients. About 2,500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the AIDS virus. These doctors, nurses, and other health care givers have been exposed to the AIDS patients' blood, stool, and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

Control of Certain Behaviors Can Stop Further Spread of AIDS

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease – its cause, its nature, and its prevention. *Precautions must be taken.* The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

Risks

Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease. AIDS is not just a male disease. AIDS is found in women; it is found in children. In the future, AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

Sex Between Men

Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals. This percentage probably will decline as heterosexual transmission increases. *Infection results from a sexual relationship with an infected person.*

Multiple Partners

The risk of infection increases according to the number of sexual partners one has, *male or female*. The more partners you have, the greater the risk of becoming infected with the AIDS virus.

How Exposed

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions. The virus then enters a person's blood stream through their rectum, vagina, or penis.

Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening an avenue for entrance of the virus directly into the blood stream; therefore, the AIDS virus can be passed from penis to rectum and vagina and vice versa without a visible tear in the tissue or the presence of blood.

Prevention of Sexual Transmission – Know Your Partner

Couples who maintain mutually faithful monogamous relationships (only one continuing sexual partner) are protected from AIDS through sexual transmission. If you have been faithful for at least five years and your partner has been faithful too, neither of you is at risk. If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then your partner is at risk which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with *absolute certainty* that neither you nor your sexual partner is carrying the virus of AIDS, you must use protective behavior. *Absolute certainty* means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

AIDS: you can protect yourself from infection

Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

- If you have been involved in any of the high-risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.
- If your test is positive or if you engage in high-risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).
- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).
- If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.
- Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.
- Single teen-age girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say *NO* to sex! They have been taught to say *NO* to drugs! By saying *NO*

to sex and drugs, they can avoid AIDS which can *kill* them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.

- Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers; therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.

Intravenous Drug Users

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug-related implements, and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live AIDS virus to be passed on to the next user of those dirty implements.

No one should shoot up drugs because addiction, poor health, family disruption, emotional disturbances, and death could follow. However, many drug users are addicted to drugs and, for one reason or another, have not changed their behavior. For these people, the only way not to get AIDS is *to use a clean, previously unused* needle, syringe, or any other implement necessary for the injection of the drug solution.

Hemophilia

Some persons with hemophilia (a blood-clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

Blood Transfusion

Currently all blood donors are initially screened, and blood is *not* accepted from high-risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become infected with AIDS virus. Fortunately, there are not now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than it has ever been with regard to AIDS.

Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should *never* donate blood.

Mother Can Infect Newborn

If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop ARC or classic AIDS, and she can pass the AIDS virus to her unborn child. Approximately one-third of the babies born to AIDS-infected mothers will also be infected with the AIDS virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliac men infected with the

AIDS virus by way of contaminated blood products. Some babies have also been born to women who became infected with the AIDS virus by bisexual partners who had the virus. Almost all babies with AIDS have been born to women who were intravenous drug users or the sexual partners of intravenous drug users who were infected with the AIDS virus. More such babies can be expected.

Think carefully if you plan on becoming pregnant. If there is any chance that you may be in any high-risk group or that you have had sex with someone in a high-risk group such as homosexual and bisexual males, drug abusers, and their sexual partners, see your doctor.

Summary

AIDS affects certain groups of the population. Homosexual and bisexual males who have had sexual contact with other homosexual or bisexual males as well as those who "shoot" street drugs are at greatest risk of exposure, infection, and eventual death. Sexual partners of these high-risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk.

AIDS: what is safe

Everyday living does not present any risk of infection. You *cannot* get AIDS from casual social contact. Casual social contact should not be confused with casual *sexual* contact, which is a major cause of the spread of the AIDS virus. Casual *social* contact such as shaking hands, hugging, social kissing, crying, coughing, or sneezing will not transmit the AIDS virus. Nor has AIDS been contracted from swimming in pools or bathing in hot tubs or from eating in restaurants (even if a restaurant worker has AIDS or carries the AIDS virus). AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes, or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery, or household furniture. You cannot get AIDS from body massages, masturbation, or any nonsexual contact.

Donating Blood

Donating blood is *not* risky at all. *You cannot get AIDS by donating blood.*

Receiving Blood

In the U.S., every blood donor is screened to exclude high-risk persons, and every blood donation is now tested for the presence of antibodies to the AIDS virus. Blood that shows exposure to the AIDS virus by the presence of antibodies is not used either for transfusion or for the manufacture of blood products. Blood banks are as safe as current technology can make them. Because antibodies do not form immediately after exposure to the virus, a newly infected person may unknowingly donate blood after becoming infected but before his/her antibody test becomes positive. It is estimated that this might occur less than once in 100,000 donations.

There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser, or beautician. AIDS cannot be transmitted nonsexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection for urine, stool, and vomitus which are used for noninfected people are adequate for

people who have AIDS or are carrying the AIDS virus. You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting you and himself from hepatitis, common colds, or flu.

There is no danger in visiting a patient with AIDS or caring for him or her. Normal hygienic practices, like wiping of body fluid spills with a solution of water and household bleach (1 part household bleach to 10 parts water), will provide full protection.

Children in School

None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then, routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day care, or foster care settings after an illness. No blanket rules can be made for all school boards to cover all possible cases of children with AIDS, and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the school board would be the child's parents, physician, and a public health official.

Casual social contact between children and persons infected with the AIDS virus is not dangerous.

Insects

There are no known cases of AIDS transmission by insects, such as mosquitoes.

Pets

Dogs, cats, and domestic animals are not a source of infection from the AIDS virus.

Tears and Saliva

Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported.

AIDS comes from sexual contacts with infected persons and from the sharing of syringes and needles. There is no danger of infection with AIDS virus by casual social contact.

Testing of Military Personnel

You may wonder why the Department of Defense is currently testing its uniformed service personnel for presence of the AIDS virus antibody. The military feel this procedure is necessary because the uniformed services act as their own blood bank in a

time of national emergency. They also need to protect new recruits (who unknowingly may be AIDS virus carriers) from receiving live virus vaccines These vaccines could activate disease and be potentially life-threatening to the recruits.

AIDS: what is currently understood

Although AIDS is still a mysterious disease in many ways, our scientists have learned a great deal about it. In five years, we know more about AIDS than many diseases that we have studied for even longer periods. While there is no vaccine or cure, the results from the health and behavioral research community can only add to our knowledge and increase our understanding of the disease and ways to prevent and treat it.

In spite of all that is known about transmission of the AIDS virus, scientists will learn more. One possibility is the potential discovery of factors that may better explain the mechanism of AIDS infection.

Why are the antibodies produced by the body to fight the AIDS virus not able to destroy that virus?

The antibodies detected in the blood of carriers of the AIDS virus are ineffective, at least when classic AIDS is actually triggered. They cannot check the damage caused by the virus, which is by then present in large numbers in the body. Researchers cannot explain this important observation. We still do not know why the AIDS virus is not destroyed by man's immune system.

Summary

AIDS no longer is the concern of any one segment of society; it is the concern of us all. No American's life is in danger if he/she or his/her sexual partners do not engage in high-risk sexual behavior or use shared needles or syringes to inject illicit drugs into the body.

People who engage in high-risk sexual behavior or who shoot drugs are risking infection with the AIDS virus and are risking their lives and the lives of others, including their unborn children.

We cannot yet know the full impact of AIDS on our society. From a clinical point of view, there may be new manifestations of AIDS – for example, mental disturbances due to the infection of the brain by the AIDS virus in carriers of the virus. From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution. Economically, the care of AIDS patients will put a tremendous strain on our already overburdened and costly health care delivery system.

The most certain way to avoid getting the AIDS virus and to control the AIDS epidemic in the United States is for individuals to avoid promiscuous sexual practices, to maintain mutually faithful monogamous sexual relationships, and to avoid injecting illicit drugs.

The Challenge of the Future

An enormous challenge to public health lies ahead of us, and we would do well to take a look at the future. We must be prepared to manage those things we can predict as well as those we cannot.

At the present time, there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society, changes that will affect us all.

Information and Education Only Weapons Against AIDS

It is estimated that in 1991, 54,000 people will die from AIDS. At this moment, many of them are not infected with the AIDS virus. With proper information and education, as many as 12,000 to 14,000 people could be saved in 1991 from death by AIDS.

AIDS Will Impact All

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact certainly will.

Be Educated - Be Prepared

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, your local public health officials, and your family physician will be able to help you.

Concern About Spread of AIDS

While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state, and with the mobility of our society, it is likely that cases of AIDS will appear far and wide.

Special Educational Concerns

There are a number of people, primarily adolescents, that do not yet know whether they will be homosexual or become drug abusers and will not heed this message; there are others who are illiterate and cannot heed this message. They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus.

High Risk Get Blood Test

The greatest public health problem lies in the large number of individuals with a history of high-risk behavior who have been infected with and may be spreading the AIDS virus. Those with high-risk behavior must be encouraged to protect others by adopting safe sexual practices and by the use of clean equipment for intravenous drug use. If a blood test for antibodies to the AIDS virus is necessary to get these individuals to use safe sexual practices, they should get a blood test. Call your local health department for information on where to get the test.

Anger and Guilt

Some people afflicted with AIDS will feel a sense of anger and others a sense of guilt. In spite of these understandable reactions, everyone must join the effort to control the epidemic, to provide for the care of those with AIDS, and to do all we can to inform and educate others about AIDS and how to prevent it.

Confidentiality

Because of the stigma that has been associated with AIDS, many afflicted with the disease or who are infected with the AIDS virus are reluctant to be identified with AIDS. Because there is no vaccine to prevent AIDS and no cure, many feel there is nothing to be gained by revealing sexual contacts that might also be infected with the AIDS virus. When a community or a state requires reporting of those infected with the AIDS virus to public health authorities in order to trace sexual and intravenous drug contacts – as is the practice with other sexually transmitted diseases – those infected with the AIDS virus go underground, out of the mainstream of health care and education. For this reason, current public health practice is to protect the privacy of the individual infected with the AIDS virus and to maintain the strictest confidentiality concerning his/her health records.

State and Local AIDS Task Forces

Many state and local jurisdictions where AIDS has been seen in the greatest numbers have AIDS task forces with heavy representation from the field of public health, joined by others who can speak broadly to issues of access to care, provision of care, and the availability of community and psychiatric support services. Such a task force is needed in every community with the power to develop plans and policies, to speak, and to act for the good of the public health at every level.

State and local task forces should plan ahead and work collaboratively with other jurisdictions to reduce transmission of AIDS by far-reaching informational and educational programs. As AIDS impacts more strongly on society, they should be charged with making recommendations to provide for the needs of those afflicted with AIDS. They also will be in the best position to answer the concerns and direct the activities of those who are not infected with the AIDS virus.

The responsibility of state and local task forces should be far reaching and might include the following areas:

- Ensure enforcement of public health regulation of such practices as ear piercing and tattooing to prevent transmission of the AIDS virus.
- Conduct AIDS education programs for police, firefighters, correctional institution workers, and emergency medical personnel for dealing with AIDS victims and the public.
- Ensure that institutions catering to children or adults who soil themselves or their surroundings with urine, stool, and vomitus have adequate equipment for cleanup and disposal and have policies to ensure the practice of good hygiene.

School

Schools will have special problems in the future. In addition to the guidelines already mentioned in this pamphlet, there are other things that should be considered, such as sex education and education of the handicapped.

Sex Education

Education concerning AIDS must start at the lowest grade possible as part of any health and hygiene program. The appearance of AIDS could bring together diverse groups of parents and educators with opposing views on inclusion of sex education in the curricula. There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

Handicapped and Special Education

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental behavior. Because of the right to special education of the handicapped and the mentally retarded, school boards and higher authorities will have to provide guidelines for the management of such children on a case-by-case basis.

Labor and Management

Labor and management can do much to prepare for AIDS so that misinformation is kept to a minimum. Unions should issue preventive health messages because many employees will listen more carefully to a union message than they will to one from public health authorities.

AIDS Education at the Work Site

Offices, factories, and other work sites should have a plan in operation for education of the work force and accommodation of AIDS or ARC patients *before* the first such case appears at the work site. Employees with AIDS or ARC should be dealt with as are any workers with a chronic illness. In-house video programs provide an excellent source of education and can be individualized to the needs of a specific work group.

Strain on the Health Care Delivery System

The health care system in many places will be overburdened, as it is now in urban areas, with large numbers of AIDS patients. It is predicted that during 1991, there will be 145,000 patients requiring hospitalization at least once and 54,000 patients who will die of AIDS. Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any other manifestation such as ARC or classic AIDS.

State and local task forces will have to plan for these patients by utilizing conventional and time-honored systems but will also have to investigate alternate methods of treatment and alternate sites for care, including homecare.

The strain on the health system can be lessened by family, social, and psychological support mechanisms in the community. Programs are needed to train chaplains, clergy, social workers, and volunteers to deal with AIDS. Such support is particularly critical to the minority communities.

Mental Health

Our society will also face an additional burden as we better understand the mental health implications of infection by the AIDS virus. Upon being informed of infection with the AIDS virus, a young, active, vigorous person faces anxiety and depression brought on by fears associated with social isolation, illness, and dying. Dealing with these individual and family concerns will require the best efforts of mental health professionals.

Controversial Issues

A number of controversial AIDS issues have arisen and will continue to be debated, largely because of lack of knowledge about AIDS, how it is spread, and how it can be prevented. Among these are the issues of compulsory blood testing, quarantine, and identification of AIDS carriers by some visible sign.

Compulsory Blood Testing

Compulsory blood testing of individuals is not necessary. The procedure could be unmanageable and cost-prohibitive. It can be expected that many who *test* negatively might actually be positive due to *recent* exposure to the AIDS virus and give a false sense of security to the individual and his/her sexual partners concerning necessary protective behavior. The prevention behavior described in this report, if adopted, will protect the American public and contain the AIDS epidemic. Voluntary testing will be available to those who have been involved in high-risk behavior.

Quarantine

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. The only time that some form of quarantine might be indicated is in a situation where an individual carrying the AIDS virus knowingly and willingly continues to expose others through sexual contact or sharing drug equipment. Such circumstances should be managed on a case-by-case basis by local authorities.

Identification of AIDS Carriers by Some Visible Sign

Those who suggest the marking of carriers of the AIDS virus by some visible sign have not thought the matter through thoroughly. It would require testing of the entire population, which is unnecessary, unmanageable, and costly. It would miss those recently infected individuals who would test negatively but be infected. The entire procedure would give a false sense of security. AIDS must and will be treated as a disease that can infect anyone. AIDS should not be used as an excuse to discriminate against any group or individual.

Updating Information

As the Surgeon General, I will continually monitor the most current and accurate health, medical, and scientific information and make it available to you, the American people. Armed with this information, you can join in the discussion and resolution of AIDS-related issues that are critical to your health, your children's health, and the health of the nation.

Additional Information

Telephone Hotlines (Toll Free)

PHS AIDS Hotline
(800) 342-AIDS
(800) 342-2437

National Gay and Lesbian Task Force
AIDS Information Hotline
(800) 221-7044
(212) 807-6016 (NY State)

National Sexually Transmitted Diseases
Hotline/American Social Health
Association
(800) 227-8922

Information Sources

U.S. Public Health Service Public
Affairs Office
Hubert H. Humphrey Building
Room 725-H
200 Independence Avenue, S.W.
Washington, DC 20201
(202) 245-6867

Local Red Cross or American Red Cross
AIDS Education Office
1730 D Street, N.W.
Washington, DC 20006
(202) 737-8300

American Association of Physicians
for Human Rights
P.O. Box 14366
San Francisco, CA 94114
(415) 558-9353

Hispanic AIDS Forum
% APRED
853 Broadway, Suite 2007
New York, NY 10003
(212) 870-1902 or 870-1864

AIDS Action Council
729 Eighth Street, S.E.
Suite 200
Washington, DC 20003
(202) 547-3101

Los Angeles AIDS Project
1362 Santa Monica Boulevard
Los Angeles, CA 90046
(213) 871-AIDS
(213) 871-2437

Gay Men's Health Crisis
P.O. Box 274
132 West 24th Street
New York, NY 10011
(212) 807-6655

Minority Task Force on AIDS
% New York City Council of Churches
475 Riverside Drive, Room 456
New York, NY 10115
(212) 749-1214

Mothers of AIDS Patients (MAP)
%Barbara Peabody
3403 E Street
San Diego, CA 92102
(619) 234-3432

National AIDS Network
729 Eighth Street, S.E.
Suite 300
Washington, DC 20003
(202) 546-2424

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
1-301-762-5111: To speak to NAIC Information Specialist
1-800-458-5231: To order bulk copies of publications

National Association of People with AIDS
P.O. Box 65472
Washington, DC 20035
(202) 483-7979

National Council of Churches/AIDS Task Force
475 Riverside Drive, Room 572
New York, NY 10115
(212) 870-2421

San Francisco AIDS Foundation
333 Valencia Street
4th Floor
San Francisco, CA 94103
(415) 863-2437

Montana Department of Health and Environmental Sciences Recommendations for Preventing the Transmission of Human Immune Deficiency Virus in the School Setting

Background

As of February 16, 1987, 444 children in the U.S. under the age of 13 have been diagnosed with AIDS/HIV. Most of these children became ill very early in life (at less than one year of age), having contracted the infection either congenitally or from blood transfusions. No family members of these children have become ill from contact with the children. However, until we know more about AIDS/HIV, day care workers, school teachers, and others should exercise the same precautions they would take with an adult with AIDS/HIV.

The recommendations which follow apply to all children known to be infected with human immunodeficiency virus (HIV). This includes children with AIDS/HIV; children who are diagnosed by their physicians as having an illness due to infection with HIV but who do not meet the case definition; and children who are asymptomatic but have virologic or serologic evidence of infection with HIV.

The CDC case definition of AIDS/HIV in children is available from the Montana Department of Health and Environmental Sciences.

School Attendance Guidelines

The question of children with AIDS/HIV attending day care or school is not strictly a medical matter. The following recommendations and infection control procedures are intended to provide the initial framework for development of subsequent guidelines by all parties concerned. Each child infected with HIV should be considered individually.

1. A child with AIDS/HIV should be allowed to attend day care and school in a regular classroom setting with the approval of the student's physician.

2. Day care centers and schools should attempt to use the least restrictive means to accommodate the child's needs and the infection control recommendations.

3. Infected children should be allowed to attend day care or school as long as they are toilet trained, have no uncoverable open sores or skin eruptions, and do not bite. Students (K-12) who are excluded for these reasons should receive adequate alternative education through homebound or other programs.

4. Children with AIDS/HIV should be temporarily removed from day care or school if measles or chickenpox is occurring in the school population (e.g., cases occurring in classroom or close non-classroom contacts). This also applies to other children with immune system abnormalities.

5. Children with AIDS/HIV should be temporarily removed from day care or school when they are acutely ill, as should any child.

6. The day care center or school should respect the right of privacy of the individual; therefore, knowledge that a child has AIDS/HIV should be confined to those selected persons with a direct need to know (e.g., principal, school nurse, child's teacher or day care director). Those persons should be provided with appropriate information concerning such precautions as may be necessary and should be aware of confidentiality requirements.

7. The school nurse or other knowledgeable person should be appointed as the child's advocate to assist in problems that arise, provide educational materials, answer questions and act as liaison with the child's physician.

General Precautions

1. Good personal hygiene is probably the best protection against infection, with careful handwashing being the single most important personal hygiene practice. Handwashing, combined with a common-sense avoidance, removal or reduction of possible sources of infection is important in all communicable disease control, including HIV/AIDS. Handwashing applies even if gloves are worn.

2. Disposable gloves should be used any time there will be contact with blood, urine, feces, semen or saliva. Hands should be thoroughly washed after gloves are discarded.

3. Thorough cleaning of surfaces contaminated with blood or other body fluids followed by use of disinfectants must be maintained.

   Environmental surfaces are generally adequately cleaned by housekeeping procedures commonly used. Surfaces exposed to blood and body fluids should be cleaned with a detergent followed by decontamination using an EPA-approved hospital disinfectant that is mycobactericidal. Individuals cleaning up such spills should wear disposable gloves.

   Laundry and dishwashing cycles commonly used in public facilities are adequate to decontaminate linens, dishes, glassware and utensils.

   Leak-proof bags should be used for disposal of cleaning materials.

   Chemical germicides registered with and approved by the U.S. Environmental Protection Agency (EPA) should be used. Information on specific label claims of commercial germicides can be obtained by writing: Disinfectants Branch, Office of Pesticides, Environmental Protection Agency, 401 M Street, S.W., Washington, DC 20460. The manufacturer's instructions should be followed, and the instrument or device to be sterilized or disinfected should be cleaned thoroughly before exposure to the germicide.

Personal Contact

1. Direct mouth-to-mouth or genital contact should be avoided with persons with AIDS/HIV. Activities such as mouth-to-mouth kissing should be discouraged.

2. Mouth-to-mouth sharing of food and other objects (e.g., pencils, gum, toys) between children should be discouraged.

3. Personal toiletry items (e.g., towels, toothbrushes, razors) and tools (e.g., scissors, nail files, woodworking tools) which may potentially cause cutting injuries should not be shared by persons with AIDS/HIV and others. Toothbrushes should not be available in day care or preschool situations.

Contact with Blood or Other Body Fuilds

1. Care should be taken to minimize breaks in the skin (for example, hand lotion can be used to minimize chapping). If the person with AIDS/HIV has breaks in the skin, the care provider should use gloves when touching those areas.

2. Bleeding or oozing cuts or abrasions (in either the care giver or a person with AIDS/HIV) should be covered (gauze, bandaids, etc.) whenever possible. The care provider's fingernails should be kept trimmed and clean.

3. Care providers should avoid direct contact with blood while caring for nose bleeds, bleeding or oozing wounds, or menstrual accidents in a person with AIDS/HIV. Disposable gloves should be used in these situations.

4. Gloves, sanitary napkins, gauze pads or any other materials which are soiled should be carefully and promptly discarded in leakproof, sealed plastic bags or containers. Ultimate disposal is by incineration or placement in a properly supervised and maintained sanitary landfill.

5. Environmental surfaces soiled with blood should be thoroughly cleaned as recommended previously.

Soiled Items

1. Items soiled by blood, saliva or other body fluids from a person with AIDS/HIV should not be used by others; these items should be discarded or thoroughly cleaned with soap and water and disinfected with an appropriate disinfectant before reuse.

2. Dishes—Washing of dishes with plenty of hot, soapy water, followed by thorough rinsing, is recommended. An electric dishwasher can also be utilized for dishwashing. Separate dishwashing is not needed for dishes or utensils used by someone with AIDS/HIV.

3. Laundry—Blood-contaminated items should be handled with appropriate precautions (gloves, aprons and any other cover-up needed to prevent direct exposure to blood). Washing with soap, hot water and bleach, followed by thorough rinsing is suggested. A washing machine and dryer can be utilized. Separate laundering is not necessary for items used by a child with AIDS/HIV. It is of importance to thoroughly scrape and clean adherent materials from objects and surfaces before laundering.

Employees With AIDS/HIV

The determination of whether an infected school employee should be permitted to remain employed in a capacity that involves contact with students or other school employees should be made on a case-by-case basis. In making this determination, consideration should be given to: (1) the physical condition of the school employee; (2) the expected type of interaction with others in the school setting; (3) the impact on both the infected school employee and others in that setting.

The sexual orientation of a school employee is not cause to believe that he or she is an infected individual. No school employee or potential school employee should be required to provide information as to his/her sexual orientation.

School districts who have employees with reactive HIV tests are urged to solicit advice from their legal counsel and the State AIDS Project Coordinator (444-4740).

Other Issues in the Workplace

The information and recommendations contained in this document do not address all the potential issues that may have to be considered with making specific employment decisions for persons with HIV infection. The diagnosis of HIV infection may evoke unwarranted fear and suspicion in some co-workers. Other issues that may be considered include the need for confidentiality, applicable federal, state, or local laws governing occupational safety and health, civil rights of employees, workers' compensation laws, provisions of collective bargaining agreements, confidentiality of medical records, informed consent, employee and patient privacy rights, and employee right-to-know statutes.

References

CDC, "Education and Foster Care of Children Infected with HIV," MMWR, Volume 34, No. 34, August 30, 1985.

CDC, "Recommendations for Preventing Transmission of Infection with HIV in the Workplace," MMWR, Volume 34, No. 45, November 15, 1985.

"Guidelines for Children with AIDS/ARC Attending School," Indiana State Board of Health, July 1985.

"Minnesota Department of Health Guidelines for the Placement in Schools of Children and Adolescents Infected with HIV," September, 1985.

NEA, "Recommended Guidelines for Dealing with AIDS in the Schools," *NEA Now*, National Education Association, Washington, DC, October 14, 1985.

Support Material 3

Criteria for Evaluating an AIDS Curriculum

The following material is reprinted with permission from the National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, Massachusetts 02116.

Adolescents and young adults are now a primary risk group for contracting AIDS. At least 50 percent of all teenagers are sexually active, most will have more than one sexual partner, and some will be experimenting with drugs. Regardless of whether adults approve of their behavior, their lives may be at risk. The National Coalition of Advocates for Students concurs with the Surgeon General and with the Centers for Disease Control that public schools should assume a key role in giving young people the information they need to avoid contracting this deadly disease.

Some school systems have begun to respond to this mandate with AIDS education curricula. These curricula take a variety of different approaches and are of uneven quality. The National Coalition of Advocates for Students feels that teaching about AIDS should take place within the context of a more comprehensive health education or family life/sex education course which presents the positive aspects of sexuality as well as its dangers. An AIDS curriculum must be appropriate to the chronological and developmental age of the student as suggested in Attachment A (see pages 27-8) and should be taught in small classroom-size groups.

Curriculum Content

- For students in grades 6 and up, does the curriculum give the simple, clear, and direct information outlined in Attachment B? (See page 29-30.) Is that information given in terms, including slang, that students understand?
- Does the curriculum focus on teaching healthy behaviors and not just on the biomedical aspects of the disease?
- By emphasizing high-risk behaviors rather than high-risk groups, does the curriculum strongly convey the message that anyone can get AIDS regardless of race, sex, age, or sexual orientation?
- Are several class periods provided to give each student multiple opportunities to learn to make decisions based on the information they have learned about AIDS?

Development and Implementation

- Does the program provide for adequate [staff] training to teach the curriculum, as outlined in Attachment C? (See page 30.)
- Is the same information made available to limited English proficient students in their own language? Is the information provided appropriately to hearing and visually impaired students and students with severely handicapping conditions?
- Is the curriculum updated regularly to incorporate new information as it becomes available?
- Has the curriculum been developed with the participation and support of parents, students, and other community groups? Does it facilitate an on-going dialogue with parents on these issues?

Attachment A:
Matching Approaches to AIDS Education With Childhood Development

Developmental Characteristics of Students

Grades K through 3

Students are likely to be

- egocentric
- developing some independence from parents and gradually orienting toward peers
- able to relate to their own bodies/to be curious about body parts
- highly competitive and capable of unkindness to each other
- able to understand information if it relates to their own experiences

Grades 4 and 5

Students are likely to be

- aware of sexual feelings and desires either in themselves or in others and confused about them
- increasingly sensitive to peer pressure
- capable of concern for others
- exploring sex roles
- in different stages of pre-puberty and early puberty and therefore very interested in learning about sex and relationships
- quite comfortable discussing human sexuality
- confused between fact and fancy (between hypothesis and reality)
- able to internalize rules and to know what is right or wrong according to those rules

Grades 6 through 9

Students are likely to be

- engaged in a search for identity (including sexual identity); asking "Who am I?" and "Am I normal?"; very centered on self
- concerned about and experimenting with relationships between boys and girls
- confused about the homosexual feelings many of them will have experienced
- worried about the changes in their bodies
- able to understand that behavior has consequences
- very embarrassed to talk about sex as well as to ask questions about sex which might make them appear uninformed

Grades 10 through 12

Students are likely to be

- in possession of a stronger sense of personal identity (There remain, however, important exceptions, including those who are confused about their sexual identities.)
- thinking that they "know it all"
- seeking greater independence from parents
- influenced by peer attitudes
- open to information provided by trusted adults
- beginning to think about establishing more permanent relationships
- experiencing an illusion of immortality
- sexually active

Appropriate Approaches to AIDS Education

Grades K through 3

Primary goal is to allay children's fears of AIDS and to establish a foundation for more detailed discussion of sexuality and health at 6th grade level.

- Information about AIDS should be included in the larger curriculum on body appreciation, wellness, sickness, friendships, assertiveness, family roles, and different types of families.
- AIDS should be defined simply as a very serious disease that some adults get. Students should be told that young children rarely get it and that they do not need to worry about playing with children whose parents have AIDS or with those few children who do have the disease.
- Questions should be answered directly and simply; responses should be limited to questions asked.
- Teach assertiveness about refusing unwanted touch

Grades 4 and 5

It is appropriate to use the same approach as for grades K-3 with an increased emphasis on

- acknowledging that bodies have natural sexual feelings
- helping children examine and affirm their own values

Teachers of 4th and 5th graders should:

- begin providing basic information about human sexuality
- be prepared to answer questions about AIDS and AIDS prevention

Grades 6-12

The primary goal should be to teach students to protect themselves and others from infection with the AIDS virus.

- Students should be given all of the information on Attachment B, "What Adolescents Should Know About AIDS."
- AIDS issues should be made as real as possible without overly frightening students.
- The focus should be on healthy behaviors rather than on the biomedical aspects of the disease.
- Students should be helped to examine and affirm their own values and to develop responsible decision making about sex. There should be support for a choice of abstinence, without assuming that all students will do so.
- It is important to be honest and to provide information in a straightforward manner.
- Sexual vocabulary should be connected with slang.
- Information about AIDS should be presented in the context of other sexually transmitted diseases (STDs).
- It is important to be nonthreatening and to work to alleviate anxiety.
- Discussion of dating practices can provide opportunities to teach decision-making skills.
- Teachers should be prepared to answer detailed medical questions from students who want more than the minimal information offered on Attachment B.

Attachment B:
What Adolescents Should Know About AIDS

The information adolescents need is simple and straightforward. Home and school instruction should emphasize prevention through teaching safe behaviors. While adolescents need only minimal knowledge of the medical aspects of the disease, some may seek a more in-depth understanding of the virus and its manifestations. Teachers and parents should be prepared to answer their questions.

This is what should be appropriately communicated to all adolescents:

Definition of AIDS

A disease triggered by a virus which weakens the immune system so that the infected person catches certain diseases that healthy people can fight off, but that in a person with AIDS are fatal.

Transmission of the AIDS virus

AIDS is transmitted in three main ways:

1. Through infected blood (by sharing IV drug needles or used syringes)
2. Through infected semen and vaginal secretions (by vaginal or anal sexual intercourse or by oral sex)
3. In utero and through breast milk (from an infected mother to her child)

Anyone who engages in risky behaviors can become infected–regardless of gender, sexual orientation, age, or race.

AIDS is *not* transmitted by casual contact such as hugging, sneezing, or sharing bathrooms. It is a difficult disease to get.

There is *no* danger of getting AIDS by donating blood. In the past some people became infected with the AIDS virus through receiving blood transfusions. Now, however, all blood donations are screened and tested so that the blood supply is quite safe.

Three Manifestations of Infection

1. Some people who are infected with the virus have no symptoms of disease. Since they look and feel healthy, these people may not know they are infected. They can, however, transmit the AIDS virus to others through the three routes of transmission noted above. Many of these carriers will eventually become symptomatic. Most of them will not become sick for three to seven years or more after the onset of infection.
2. Persons who are infected with the AIDS virus may develop a set of specific symptoms related to AIDS but not have one of the diseases used to diagnose an official case of AIDS. They are said to have ARC (AIDS Related Complex). They may be only mildly ill or very sick.
3. Individuals infected with the virus may develop the most serious form of AIDS from which there is now no recovery.

Testing

It is now possible to test blood to determine if a person is a carrier of the AIDS virus. At this time, the Centers for Disease Control and the U.S. Surgeon General do not recommend testing of the general population. However, women who are considering pregnancy and who practice risky behaviors are advised to be tested.

Adolescents Can Prevent AIDS by

- abstaining from sex
- always using condoms (even in combination with other birth control) from beginning to end of all types of intercourse
- not using IV drugs. Those who do should not share needles or syringes. Tattoo needles should also never be shared.

Local Telephone Number

Students should be given a local telephone number to call for additional information. Sources of AIDS information in other languages should also be provided.

National AIDS Hotline

1 (800) 342-7514, English and Spanish

Attachment C: Staff Training

Staff training is a *must*.

Train both teachers and administrators. Do as much training as possible. When feasible, offer the training as a graduate-level course. A one afternoon inservice training is *NOT* enough.

Training should

- help staff examine their own attitudes about sexuality and AIDS
- provide accurate information about AIDS
- provide skills to implement an AIDS curriculum

Regional AIDS Education Facilitators

The Office of Public Instruction and Department of Health and Environmental Sciences have cooperatively worked to develop a team of "regional facilitators" who would be capable of providing AIDS education-related training to local communities.

These regional facilitators reflect both local health agencies and school districts. Their availability would be subject to job priorities and other conflicts.

The main role of the regional facilitator is to provide accurate and current information concerning AIDS, to speak to various groups, and to work with school districts in implementing policy and AIDS education curricula.

AIDS Education Regional Facilitators

Jean Seifert
School Nurse
Glendive Public Schools
Box 701
Glendive, Montana 59330
(Washington School 11 a.m.-1 p.m.)
(365-2356)

Steve Vaughn
Counselor
Baker High School
1015 South 3rd West
Baker, Montana 59313
(778-3329)

Jenette Denson
Science Teacher
Custer County High School
20 S. Center Avenue
Miles City, Montana 59301
(232-4920)
(moving to Malta next year)
(654-1688 in Malta)

Ted Schreiber
Science Teacher
Custer County High School
20 S. Center Avenue
Miles City, Montana 59301
(232-4920)

Cherry Loney
MDHES AIDS Program Health Education/
Risk Reduction Project
Cascade City-County Health Department
1130 7th Ave. South
Great Falls, Montana 59405
(761-1190)

Karen Ward
MDHES AIDS Program Health Education/
Risk Reduction Project
Missoula City-County Health Department
301 West Alder St.
Missoula, Montana 59801
(721-5633, ext. 398)

Sarah Helfrich
Health/PE Teacher
Bozeman Junior High
205 N. 11th Avenue
Bozeman, Montana 59715
(585-1622)

Dee Ann Buehler
Health/PE Teacher
Lewistown Middle School
914 W. Main
Lewistown, Montana 59457
(538-5168)

Lynn Ophus
Health/PE Teacher
HPE Department
Northern Montana College
Havre, Montana 59501
(265-7367-home)

Ellen Leahy
MDHES AIDS Program Health Education/
Risk Reduction Project
Missoula City-County Health Department
301 West Alder Street
Missoula, Montana 59801
(721-5700, ext. 398)

Mary Beth Frideres
MDHES AIDS Program Health Education/
Risk Reduction Project
Lewis and Clark County Health Department
316 North Park
Helena, Montana 59624
(443-1010)

Jackie Stonnell
MDHES AIDS Program Health Education/
Risk Education Project
Gallatin County Health Department
Room 103, Courthouse
Bozeman, Montana 59715
(585-1445)

Linda Caputo
MDHES AIDS Program Health Education/
Risk Reduction Project
Deering Community Health Center
123 South 27th
Billings, Montana 59101
(256-6821)

Wendy Doely
MDHES AIDS Program Counseling and
Test Site
Flathead County Health Department
723 - 5th Avenue East
Kalispell, Montana 59901
(756-5633)

Gan Dziak
MDHES Program Counseling and
Test Site
Butte Silver Bow City-County
Health Department
Family Services Center
25 West Front Street
Butte, Montana 59701
(723-8507)

Sharon Howard
MDHES Program Health Education/
Risk Reduction Project
Cascade City-County Health Department
1130 7th Avenue South
Great Falls, Montana 59405
(761-1190)

Montana Department of Health and Environmental Sciences HIV Counseling and Testing Site Program

In 1986, the Department of Health and Environmental Sciences (DHES) established a network of counseling and testing sites as alternatives to blood and plasma collection facilities so that individuals in recognized AIDS/HIV risk groups would not donate blood for the purpose of obtaining free HIV antibody testing. The DHES statewide network of HIV counseling and testing sites provides

- readily accessible counseling, testing, and referral services to individuals at risk for acquiring HIV infection;
- free testing and/or counseling at no cost to individuals who would not be able to afford testing through other means;
- sensitive, appropriate and confidential pre- and post-test counseling, including extensive information focused on measures to prevent acquisition of an HIV infection and AIDS;
- appropriate referrals for further medical or psychological evaluation and social support; and
- guidance and support for the referral of sexual and needle-sharing partners of individuals who test positive for antibody to HIV.

An Overview of the Counseling and Testing Sites

MDHES AIDS Program Counseling and Test Site
Deering Community Health Center
123 South 27th
Billings, Montana 59101
(256-6821—Sharon Rapstad)

MDHES AIDS Program Counseling and Test Site
Bridger Mountain Family Planning
111 South Tracy
Bozeman, Montana 59715
(587-0681—Nancy Stanton)

MDHES AIDS Program Counseling and Test Site
Missoula City-County Health Department
301 West Alder Street
Missoula, Montana 59801
(721-5700, ext. 398—Ellen Leahy)

MDHES AIDS Program Counseling and Test Site
Lewis and Clark County Health Dept.
316 North Park
Helena, Montana 59624
(443-1010—Mary Beth Frideres)

MDHES AIDS Program Counseling and Test Site
Hill County Health Department
321 Fourth Avenue
Havre, Montana 59501
(265-5481, ext. 66—Connie LaSalle)

MDHES AIDS Program Counseling and Test Site
Cascade City-County Health Dept.
1130 7th Ave. South
Great Falls, Montana 59405
(761-1190—Cherry Loney

MDHES AIDS Program Counseling and Test Site
Dawson County Health Department
207 W. Bell
Glendive, Montana 59330
(365-5213—Jean Seifert)

MDHES AIDS Program Counseling and Test Site
Flathead County Health Department
723 - 5th Avenue East
Kalispell, Montana 59901
(756-5633—Wendy Doely)

MDHES AIDS Program Counseling and Test Site
Butte Silver Bow City-County Health Department
Family Services Center
25 West Front Street
Butte, Montana 59701
(723-6507—Gan Dziak)

Montana AIDS/HIV Programs

The statutory responsibility for the control and prevention of communicable disease in Montana rests with local and state public health officials. The AIDS Program of the Montana Department of Health and Environmental Sciences (MDHES) has responsibility for the control and prevention of AIDS. It is also a source of information for local public health agencies. *School districts should report and obtain valid, up-to-date information about AIDS and other communicable diseases from their local public health agency.*

The names of Montana AIDS Program personnel, with their respective program responsibilities, are provided as a source of special statewide program information.

Montana Department of Health and Environmental Sciences
Cogswell Building, Helena, MT 59620 (406) 444-4740

Judith Gedrose, R.N., M.N.
State Epidemiologist
Preventive Health Services Bureau
Health Services Division

Donald E. Espelin, M.D.
Bureau Chief
Preventive Health Services Bureau
Health Services Division

Richard Chiotti
AIDS Program Manager
Preventive Health Services Bureau
Health Services Division

Marsha McFarland
Health Educator/Disease Intervention Specialist
MDHES AIDS Program
Health Services Division

Andrea Baumgardner, R.N.
Health Educator/Disease Intervention Specialist
MDHES AIDS Program
Health Services Division

Montana Office of Public Instruction
Capitol Building, Helena, Montana 59620

Spencer Sartorius
Health & Physical Education Specialist
444-4434

Laurie Volesky
AIDS Education Specialist
444-3178

Professional Development Center
State Personnel Division, Room 130, Mitchell Building, Helena, Montana 59620

B.J. Combest
Management Training Specialist
Professional Development Center
444-3774

Montana AIDS Service Groups

Montana AIDS service groups offer AIDS/HIV educational and support services for persons who have AIDS and their families. The groups rely heavily on volunteers t minimize the cost of these services. Speakers are an integral part of their educational services.

These service groups collaborate with the MDHES AIDS Program and with community providers of AIDS/HIV educational services. They have proven to be valuable resources for AIDS/HIV information and services.

Montana AIDS service groups include:

Missoula AIDS Council
Missoula City-County Health Department
301 West Alder
Missoula, Montana 59801
(721-5700, ext. 398—Bonnie Leifer)

Gallatin Task Force
207 South Sixth
Manhattan, Montana 59741
248-3288—Ed King, M.D.

Montana State University AIDS Task Force
Montana State University
Bozeman, Montana 59717
Rolf Groseth, Dean of Student Affairs

Lewis and Clark County AIDS Task Force
P.O. Box 41
Helena, Montana 59624
(449-5505—Bill Riley)

Helena AIDS Support Network
P.O. Box 951
Helena, Montana 59624
(449-1071)

Billings AIDS Support Network
P.O. Box 1748
Billings, Montana 59103
(252-1212)

Billings AIDS Task Force
P.O. Box 31851
Billings, Montana 59103
(256-6821)

Local and State Organizations Providing Information on AIDS

The following local and state organizations provide information, resources, and referral for people with questions and concerns about AIDS.

Local and State Organizations

Health departments (city and county)

American Red Cross (local chapters)

American Red Cross
Blood Services—Montana Region
1300-28th Street South
Great Falls, Montana 59401
(727-2212)

Out In Montana (A Gay and Lesbian Coalition Group)
P.O. Box 951
Helena, Montana 59624

Metropolitan Community Church
P.O. Box 23003
Billings, Montana 59104

Women's Lobbyist Fund
P.O. Box 1099
Helena, Montana 59624

Montana Department of Health and Environmental Sciences
AIDS Program
Cogswell Building, Room 314-C
Helena, Montana 59620
(444-4740—Rick Chiotti)

Montana AIDS Coalition
c/o Missoula City-County Health Dept.
301 W. Alder Street
Missoula, Montana 59801
(721-5700, ext. 398—Bonnie Leifer)

Montana AIDS Hotline
1-800-233-MONT
444-3999-Helena

Montana Department of Administration
Personnel Division
Mitchell Building, Room 130
Helena, Montana 59620

Montana Department of Labor
Human Rights Division
1236 Sixth Avenue
Helena, Montana 59620
444-2884

AIDS School Health Education Subfile is a part of the Centers for Disease Control (CDC) health education subfile of the Combined Health Information Database (CHID) managed by the U.S. Public Health Service. The AIDS School Health Education subfile contains programs, curriculums, guidelines, policies, regulations, and materials.

Anyone wishing to share or obtain information on this topic should call or write:

Centers for Disease Control
Center for Chronic Disease Prevention and
Health Promotion
Division of Adolescent and School Health
Attention: AIDS School Health Education Subfile
Atlanta, Georgia 30333
(404) 329-3492, FTS 236-3492
(404) 329-3824, FTS 236-3824

A person or organization wishing to search CHID to locate AIDS school health education information should request a password from BRS Information Technologies (telephone [800] 345-4277 or write BRS, 1200 Route 7, Latham, NY 12110). There is no charge for obtaining a password, but searches conducted from a telecommunicating computer terminal will be billed to you through your password.

Support Material 9

Educational References and Resources on AIDS: An Annotated Bibliography

The following annotated list of resources on health instruction about Acquired Immune Deficiency Syndrome (AIDS) was developed in consultation with state and local education and health professionals. School health programmers have found these resources to be especially useful. They are included in this guide to provide additional background and content materials for health professionals to use and modify to fit their programming needs. All of these resources are intended to be used within a developmental, sequential health education program as described in this publication.

There are undoubtedly many additional materials available and many more will be created. Most of the state organizations listed have additional resources and will continue to evaluate and create new materials.

Curriculum Planning Guides

Criteria for Evaluating an AIDS Curriculum. Boston: National Coalition of Advocates for Students, 1987. Available from: The National Coalition of Advocates for Students, 100 Boylston St., Suite 737, Boston, MA 02111; (617) 357-8507; $2; also available in Spanish.

This document provides a checklist for evaluating instruction about AIDS. Attachments include the following: "K-12 Matching Approaches to AIDS Education with Childhood Development," "What Adolescents Should Know About AIDS," and "Staff Training."

Preventing AIDS through Education. St. Paul: Minnesota Department of Education, Learner Support Systems Section, August 1986 (revised, December 1987). Available from: Minnesota Curriculum Service Center, White Bear Lake, MN 55110; (612) 770-3943; $6.

This is a resource guide developed to assist educators in presenting information about AIDS to elementary and secondary students. Content areas include transmission and prevention; specific learner outcomes for each age level; and instructional activities for elementary, junior high, and high school students for use in the areas of health, home economics, family life, and social studies.

Quackenbush, Marcia, and Pamela Sargent. *Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome*. Santa Cruz, CA: Network Publications, 1986. Available from: Network Publications, 1700 Mission Street, Suite 203, P. O. Box 1830, Santa Cruz, CA 95061-1830; (408) 429-9822; $15.

Teaching AIDS is a resource guide designed for teachers, youth leaders, and health educators as a practical and relevant approach to integrating AIDS information into existing courses. The curriculum is written in language appropriate for use with teenagers, junior college students, and adult community educators. It offers suggestions for classroom discussion about sexuality, troubleshooting tips for teachers, and updates on AIDS information.

Sroka, Stephen R., and Leonard H. Calabrese. *STD: Educator's Guide to AIDS and Other STDs*. Lakewood, OH: Health Education Consultants, 1987. Available from: Health

Education Consultants, 1284 Manor Park, Lakewood, OH 44107; (216) 521-1766; approximately $25.

The Sroka Plan is a program to help departments of health and/or education implement school-based AIDS/sexually transmitted disease (STD) education for students in grades 5 through 12. The plan is included in a three-ring notebook. STDs including AIDS are presented within the chain of infection concept. It emphasizes an activity-oriented, behavioral approach to AIDS/STD education. Anatomical charts of the possible sites of STD infections, accurate information on selected STDs, a description of an STD clinic visit, action plans for infected persons, and STD prevention strategies—including "saying no skills"—are included. Other activities include examining AIDS/STD knowledge, attitudes, and behavior intentions and encouraging creativity and language development skills. A special supplement on AIDS includes a copy of the *Surgeon General's Report on AIDS*, additional AIDS activities, and "AIDS Guidelines for Schools."

Yarber, William L. *AIDS: What Young Adults Should Know*. Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance, 1987. Instructor's manual and student guide available from: American Alliance Publications, P.O. Box 704, Waldorf, MD 20601; instructor's manual, $8.95; student guide, $2.50 for one to four copies, $1.75 for five to 29 copies, and $1 for 30 or more copies.

This is a three-session lesson plan appropriate for grades 7 through 12. The instructor's manual includes the goals of AIDS education and outlines learning opportunities to reinforce the personal health behaviors and attitudes included in the student guide. Test questions and a list of answers to commonly asked questions are also included. Appendixes contain student handouts and worksheets. The student guide encourages young adults to discuss many important AIDS issues with their parents and teachers. The guide focuses on how to avoid becoming infected with the AIDS virus and an understanding that individual preventive efforts are critical to stopping the epidemic.

Pamphlets and Posters

Local American Red Cross chapters have the following resources available. A nominal fee is charged for quantity orders.

- A poster of Patti LaBelle stating, "Don't listen to rumors about AIDS. Get the facts," and listing the toll-free Public Health Service AIDS hot-line number.

- Pamphlets entitled:
  - "AIDS, Sex and You"
  - "Facts About AIDS and Drug Abuse"
  - "AIDS and Your Job–Are There Risks?"
  - "Gay and Bisexual Men and AIDS"
  - "What Every Teenager Should Know About AIDS"
  - "AIDS and Children–Information for Parents of School-Age Children"
  - "AIDS and Children–Information for Teachers and School Officials"
  - "Caring for the AIDS Patient at Home"
  - "If Your Test for Antibody to the AIDS Virus Is Positive . . ."

"Teens and AIDS: Playing It Safe." Washington, DC: American Council of Life Insurance, Health Insurance Association of America, 1987. Available from: Department 190, American Council of Life Insurance, Health Insurance Association of America, 1001 Pennsylvania Ave. NW, Washington, DC 20004-2599; $10 per package of 100.

This pamphlet covers conversations between adolescents in a school setting and emphasizes basic facts about AIDS in a positive, "you-are-in-control-of-whether-or-not-you-get-AIDS" point of view. Subject titles include "Don't Use Drugs," "Remember It's OK to Say 'No' to Sex," and "Avoid Dangerous Sex." It also tells readers where to get additional, up-to-date information.

The Montana Department of Health and Environmental Sciences AIDS/HIV Program provides the following pamphlets:

- ***What Everyone Should Know About AIDS.*** **Information for the General Public**
- ***How to Talk To Your Children About AIDS.*** **This pamphlet will help you talk to your children about a life-threatening disease.**
- ***Could I Get AIDS?.*** **Risk Self-Assessment.**
- ***Information For Persons Considering Marriage.*** **Should you be tested for infection with the AIDS virus prior to marriage?**

The AIDS Movie. Videocassette with teacher's guide. New Jersey: New Day Films. Available from: New Day Films, 22 Riverview Drive, Wayne, NJ 07470-319/N; (201) 633-0212; rental, $57; purchase price, $385 (plus $5 shipping).

This 26-minute video, along with its teacher's guide, is suitable for use with lessons in grades 7 through 12. AIDS educator David Brumtack speaks about the importance of AIDS awareness and prevention. Three people with AIDS share the realities of the disease, including what it's like to live with it and how to protect yourself against it.

AIDS Prevention Program for Youth. Videocassette with instructional materials. Developed by the American Red Cross, 1987. Available from local chapters of the American Red Cross; rental, free; purchase price, $95.

This instructional package, which is directed at grades 9 through 12, includes the following resources:

- Parent brochure: "What Every Parent Should Know About AIDS." 10¢.
- Student workbook: *Information for Youth* includes classroom activities directed at positive decision making plus basic information about AIDS. $1.00.
- Teacher/leader manual: *Information for Teachers* includes all of the student materials plus suggestions for teacher preparation. $1.00
- Videocassette: *A Letter from Brian*, a 30-minute tape, includes the basic principles on how to prevent AIDS infection with an emphasis on abstinence. Casual contacts are defined in detail. The main feature is an incident in which one young woman suspects she may have practiced an at-risk behavior with a young man who tells her in a letter that he has AIDS.

Beyond Fear. Video program (16-mm film, VHS cassette, or ¾-inch cassette). Developed by the American Red Cross. Available from: Modern Talking Picture Service, Inc., 5000 Park St. North, St. Petersburg, FL 33709-9989; free of charge.

Narrated by Robert Vaughn, this video program is a moving presentation that features interviews with prominent doctors and researchers working with AIDS. It also tells the stories of AIDS patients and their families. *Beyond Fear* is in three segments which can each stand alone and can be shown to audiences with specific interests. These segments are: *The Virus*, *The Individual*, and *The Community*.

Sex, Drugs, AIDS. Film or videotape. New York: ODN Productions, 1986. Available from: ODN Productions, 74 Varick St., No. 304, New York, NY 10013; (212) 431-8923; rental, $75; purchase price, $325; preview price, $10.

This 19-minute video is suitable to initiate a discussion among high school students and adult groups regarding the issues of sex, drugs, and AIDS. The video is narrated by Rae Dawn Chong, a young, multiracial woman. It tells young people what they need to know to avoid the AIDS virus infection and includes a discussion of the issues by teens, including peer support for modifying at-risk behavior. It also promotes understanding and compassion for those individuals who have developed AIDS.

General References for Teachers and for Selected Junior and Senior High School Students

"Afraids." *The New Republic* (October 14, 1985), pp. 7-10.

This paper is the origin of the acronym AFRAIDS, or acute fear regarding AIDS. It explores the issues regarding our feelings about AIDS and concludes with, "Barring a child from school or excluding an adult from shelter and employment is not cost-free. It involves the expulsion not simply of a virus but of a human being. It seems a lot to ask for the sake of dispelling the darkest fantasies of the imagination."

Bennett, William J. "AIDS and the Education of Our Children." Washington, DC: U.S. Department of Education, October 1987. Single copies available free of charge from: Consumer Information Center, Dept. ED, Pueblo, CO 81009.

Written by the U.S. Secretary of Education, this booklet's purpose is to provide guidance for parents, teachers, and other adults on how to talk with children about AIDS. Its content includes facts about AIDS, how to protect children from AIDS, and sources of information about AIDS.

Bezold, Clement; Jonathon Peck; and Robert L. Olson. "AIDS and the Year 2000: An Introduction to a Special Series in *The Futurist*." *The Futurist* 21.6 (November-December 1987), pp. 9-10+. Available from: World Future Society, 4916 Saint Elmo Avenue, Bethesda, MD 20814; (301) 656-8274; price per copy, $4.25.

The articles in this issue begin a series of forecasts about AIDS and its impact to the year 2000. Titles and authors in this issue include: "The Future of AIDS," by John Platt; "AIDS and Education: The Front Line of Prevention," by Donna and Michael Lenaghan; and "The Global Costs of AIDS," by Renee Sabatier. These articles provide an in-depth view of the future if a vaccine or cure for AIDS is not developed soon.

Black, Jeffrey. "AIDS: Preschool and School Issues." *Journal of School Health* 56.3 (March 1986), pp. 93-95.

This paper emphasizes the important role school health personnel can play in correcting misconceptions about the HTLV-III infection. It concludes that the periodic provision of the latest scientific information to members of school boards and administrators could promote medically sound policy decisions.

Brick, Peggy. "AIDS Forces the Issue: Crisis Prevention or Education in Sexuality?" *ASCD Curriculum Update* 29.7 (October 1987). Single copies of this issue are available for $1.00 from: Association for Supervision and Curriculum Development, 125 North West Street, Alexandria, VA 22314-2798.

This article responds to the question, How do schools develop programs that so effectively teach children and youth about AIDS that they *act* to avoid the disease? Key topics include prevention politics, our sexually vulnerable youth, sexual literacy of teachers, the basis for family life education, and a new approach to changing behavior.

DeVita, Hellman S., and S.A. Rosenberg, eds. *AIDS – Etiology, Diagnosis, Treatment, and Prevention.* Philadelphia: J.B. Lippincott, 1985.

This book examines scientific issues related to the control and the understanding of the disease of the 1980s–AIDS. Written by 29 authorities, most from the National Institute of Health, the book provides a scholarly, comprehensive overview of all aspects of AIDS.

Friedland, Gerald, et al. "Lack of Transmission of HTLV-III/LAV Infection to Household Contacts of Patients with AIDS or AIDS-Related Complex with Oral Candidiosis." *The New England Journal of Medicine* 314.6 (February 6, 1986), pp. 344-49.

This reviews a study of the nonsexual household contacts of patients with AIDS or the AIDS-related complex with oral candidiosis, including 101 contacts of 39 AIDS patients. These contacts had shared household items and facilities for a median of 22 months. The study indicates that household contacts who are not sexual contacts of, or born to, patients with AIDS are at minimal risk of infection with HTLV-III.

Institute of Medicine, National Academy of Sciences. *Confronting AIDS*. Washington, DC: National Academy Press, 1986. May be available in medical school libraries.

This document provides direction for public health, health care, and research. It discusses the disease and the epidemic, serologic testing, the future course of the epidemic, and opportunities for altering that course.

_____. *Mobilizing Against AIDS*. Cambridge, MA: Harvard University Press, 1986. May be available in medical school libraries.

This publication discusses the scope of AIDS, spectrum of the disease, prevention and treatment, societal stress, and public health policy. Appendixes include public health recommendations for education and foster care of children infected with HIV as well as organizations to contact for information on AIDS.

Koop, C. Everett. *Surgeon General's Report on Acquired Immune Deficiency Syndrome*. October 1986. Available from: C. Everett Koop, M.D., Surgeon General, Parklawn Building, Room 18-67, 5600 Fisher Lane, Rockville, MD 20857; free of charge; also available in Spanish.

This report explains what AIDS is, how the AIDS virus is and is not spread, and what practical steps each person can take to avoid infection. It addresses controversial issues and provides projections for the future. This document and the graphic illustrations it contains provide information for health teachers to use and modify to provide K-12 instruction about the AIDS virus infection using the outline suggested in this guide.

Morbidity and Mortality Weekly Report. Yearly subscriptions to these reports are available through the Massachusetts Medical Society, CSPO Box 9120, Waltham, MA 02254-9126; subscription packages, including 52 issues, annuals, and supplements, are available at the following rates: third class, $25; first class, $34. Local health departments receive copies of these reports from the Centers for Disease Control.

This is the official weekly report of the U.S. Centers for Disease Control and includes weekly and cumulative totals of reported communicable diseases by geographic region and individual state. It provides authoritative, up-to-date information on communicable disease occurrence, prevention, and control.

Nader, Philip. "AIDS: A Commentary." *Journal of School Health* 56.3 (March 1986), pp. 107-8.

This commentary highlights two aspects of the current climate surrounding AIDS which influence how school health professionals respond to this major public health problem. It suggests that people called upon to make decisions are people first and they must first process issues on a personal rather than a "population" level; and it concludes that education rather than policymaking should be the guiding principle for school health professionals.

Price, James; Sharon Desmond; and Garry Kukulka. "High School Students' Perceptions and Misperceptions of AIDS." *Journal of School Health* 55.3 (March 1985), pp. 107-9.

This study examined the knowledge, beliefs, and sources of information of junior and senior high school students concerning AIDS. It concluded that high school students lack sufficient knowledge and that, because students seem to receive most of their information on AIDS from the mass media, schools need to strive to provide more accurate information on current health topics.

Sande, Merle. "Transmission of AIDS: The Case Against Casual Contagion." *The New England Journal of Medicine* 314.6 (February 6, 1986), pp. 380-82.

This reviews the facts supported by reliable data that suggest that the keys to preventing transmission of the AIDS virus are education, the screening of all donated blood, and other attempts to modify risky sexual behavior and intravenous drug abuse.

Resources for Developing Policies and Procedures

Devine, Harold G. "How and Why We Knowingly Enrolled a Student with AIDS." *The Executive Educator* (May 1, 1986), pp. 20-21.

Devine is the principal of Joseph Case Junior High in Swansea, Massachusetts. This article discusses issues such as the methods used to educate staff, students, and parents; use of experts on AIDS; limiting press access to any staff other than the superintendent and principal; and establishing ground rules for community meetings. The result in this school was that school and community members rallied around the pupil with AIDS, who will remain in his regular classroom until his doctors say it is no longer possible.

Policies and Procedures

National Association of State Boards of Education, 1012 Cameron St., Alexandria, Virginia 22314 (703) 684-4000.

NASBE has published a bulletin on policy development titled *Effective AIDS Education: A Policy Maker's Guide.*

National School Boards Association, 1680 Duke St., Alexandria, Virginia 22314 (703) 838-6756.

NSBA has received a grant from the Centers for Disease Control and is collecting local policies concerning AIDS and the HIV infection for students and staff.

Staff Development Resources

The resources listed below are useful tools to use in teaching adults about AIDS; they were developed specifically for professional staff development programs.

AIDS – AFRAIDS: An Educational Perspective, Part I. VHS videocassette. Produced by the School Nurse Organization of Minnesota and Minnesota Department of Education, July 1986. Available from: J. Larson, School Nurse Organization of Minnesota, Roseville, MN 55113; $35.

This 25-minute videocassette reviews the nature of the disease, transmission, and prevention of AIDS. It may be used as a single program resource or with the guide, *Presenting AIDS: A Resource Guide for Inservice Education on AIDS and Educational Implications* (Schuster, Will, and Luehr, 1986; listed below).

Schuster, C., S. Will, and R. E. Luehr. *Presenting AIDS: A Resource Guide for Inservice Education on AIDS and Educational Implications.* St. Paul: School Nurse Organization of Minnesota and Minnesota Department of Education, 1986. Available from: J. Larson, School Nurse Organization of Minnesota, Roseville, MN 55113; $7.50

This guide, designed for staff inservice education, includes objectives, a relevant outline of content and methods/resources for each unit, a bibliography, and a set of models for transparencies.